

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.		DEP.		IND.			IND.		DEP.		IND.									
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TOTAL IND.	2	↓			↓			↓													
TOTAL DEP.	9	←			←			←													
TOTAL CLAIMS	11																				